2005

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000049431

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 040 ***150.00

Daytime Phone #

1. Entity Nam	ne		'	1				
Bundles of Love, Inc.			;					
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	DO NOT WRIT	TE IN THIS SPACE						
						004	4981	
•	Place of Business	3. Mailing Address	O1	C+			1001	
8770 S Suite, Apt.		8770 S.W. 7 Suite, Apt. #, etc.	2nd	St.	80 1107 1410777 111 711		_	
Suite		Suite 306			DO NOT WRITE IN TH	IS SPAC	E	
City & Star		City & State			4. FEI Number		Applied For	
Miami, Zip	Country	Miami, FL Zip	Country		20-0881310	\$8.7	Not Applicable 75 Additional	
33173	USA	33173	USA	<u> </u>	5. Certificate of Status Desired	Fee	Required	
	DO NOT WRITE IN	THIS SPACE		Name	. Name and Address of Current Regist	ered Ag	ent	
				Barrios		_		
				Street Address (P.O. Box Number is Not Acceptable) 8770 S.W. 72nd St.				
				'Cuito 2				
				Suite 3		, Zij	p Code	
9 The show	annoned actity automita this statem			Miami	F		3173	
	t the obligations of registered age		ng itsreq	istered office of n	egistered agent, or both, in the State of FI	onda. I a	m tamiliar with,	
					-	•		
SIGNATURE	Signature, typed or printed name of re-	gistered agent and title if annlicati	le (N	OTF: Registered Ad	ent signature required when reinstating)		IATE :	
Jai	nuary 1 - May 1 Fee is \$150.00							
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				Selection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
	Payable to Florida Department			1		<u> </u>		
10.	OFFICERS AND	DIRECTORS	THE	1				
NAME	Guzman, Yvonne	<u> </u>	MANUE					
STREET ADDRESS	10710 Dini 72110			EI ADDRESS				
CITY - ST - ZIP	<u>Miami, FL 3317</u> D/T/S	3	3333377	5T - 21P				
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STREET ADDRESS				El ADDRESS				
CITY - ST - ZIP	Miami, FL 3317			ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or an an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY - ST - ZIP

Yvonne Guzman

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